



Exemple d'un dispositif intégratif et innovant pour les soins des familles issues de la migration

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Outline of the presentation

- Context of the project
- Model of the “Pediatric consultation for asylum-seeking children”
- Example of the collaboration between somatic and mental health teams
- Preliminary observation
- Conclusions

SOME KEY ISSUES A BIT OF VAUD HISTORY AND A WELL-KNOWN INNOVATIVE CONCEPT

Key issues affecting forced migrants

Specific somatic and mental health issues

40-60% of minor and adult forced migrants present with psychological disorders

Parental mental health disorder has an impact on children's health

Specific social determinant of health

Impact on integration

Key issues affecting health system

Problems with early detection

Risk of overburdening psychiatric services

Professionals not always trained in transcultural approaches

Often a layering of mental-health measures without coordination between social integration, prevention, and treatment

Key political issues

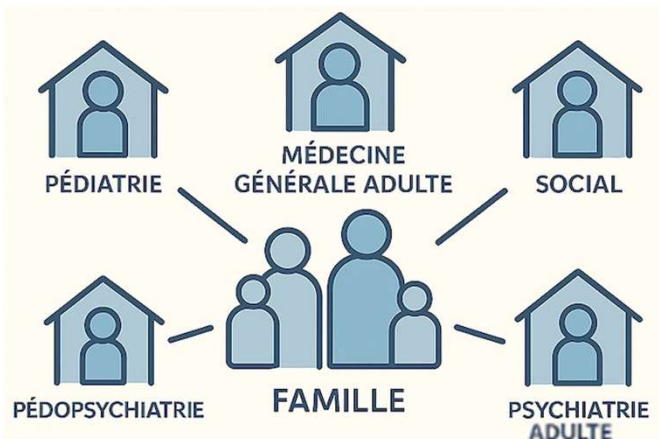
Limiting the rise in healthcare costs : Needs to improve the efficiency of the health system

«Not doing more with less, but doing things differently»

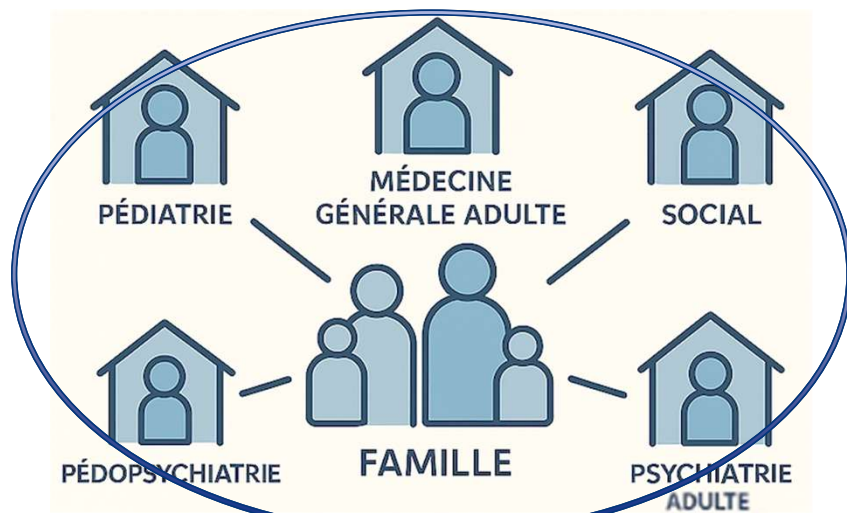
Strengthening primary and secondary prevention, and at the same time the treatments

History of the project in Vaud

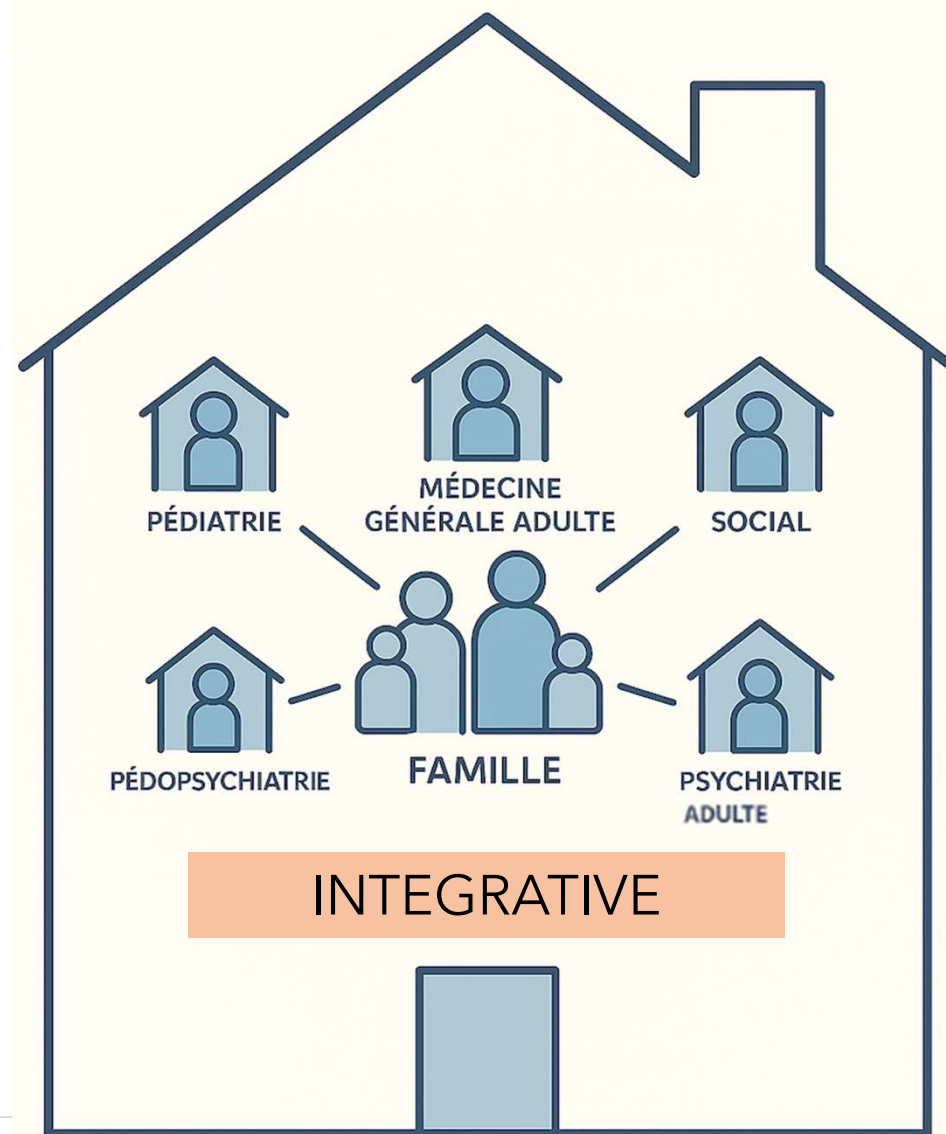
- Project at cantonal level with the cantonal coordination for mental health and CHUV pediatric service in collaboration with the DGS-OMC, Unisanté, La Fondation de Nant, and EVAM
- Based on experiences from different service taking care of forced migrant adult and children in the canton de Vaud
- Inspiration from divers model from abroad about "Soma-Psy Integration", model of «maison de santé» from Belgium and Canada, humanitarian settings, based on the experiences of immigrants themselves



PLURIDISCIPLINAIRE



INTERDISCIPLINAIRE



INTEGRATIVE

Significant changes about the type of population seeking protection in Switzerland

1. Increase in Families and Children (Status S - Ukraine)

2. High Proportion of Minors: by early April 2022, approximately **35%** of those fleeing Ukraine were minors.

3. Family Composition: often mothers with their children

The concept of integrative medicine focused on the family makes more sense than ever

MODEL OF THE "PEDIATRIC CONSULTATION FOR ASYLUM-SEEKING CHILDREN"



CANTON DE VAUD

EVAM (social)

Établissement Vaudois
d'Accueil des Migrants:

- Hosting
- Integration
- Collaboration



USMi (health)

Access to medical care
close to home:

- Adult (SSM)
- **Children (MIP)**
- Mental health (DP,FdN)

USMi

GLOBAL MEDICAL
EVALUATION FOR
EVERY ASYLUM
SEEKER FAMILY IN
CANTON THE
VAUD

SPECIALIST

GENERAL DOCTOR
GENERAL PEDIATRICIAN



Service Soins aux
Migrants (SSM)



- Adult
- Unaccompanied children
- 16-18 years old

Consultation
Migration Pédiatrique
(MiP)



0-15 years old

Département de
Psychiatrie (DP) et
Fondation de Nant
(FdN)

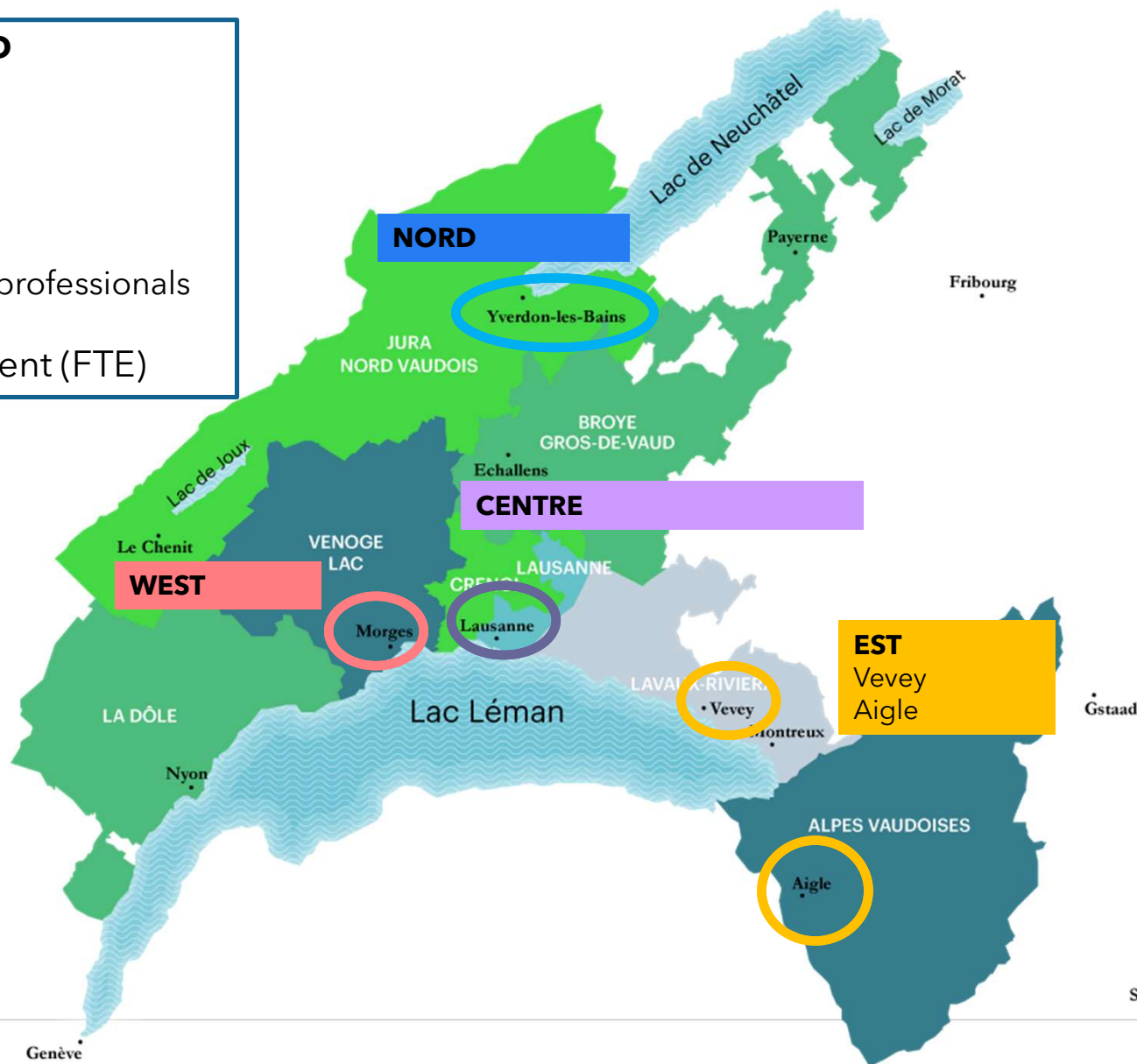


Mental health for
children and adults

CANTON DE VAUD

3.3* pediatricians
2* nurses
0.5* social worker
2* secretaries
3.2* mental health professionals

*full-time equivalent (FTE)



Children 0-15 years arrive
in Canton de Vaud

Doctor-nurse-interpreter
consultation near their
home

Global evaluation

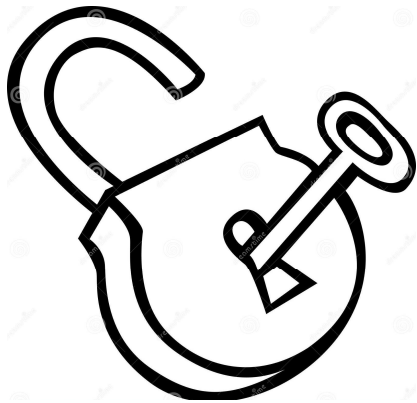
- **Identify and assess complex and high-risk patient situations** requiring immediate or specialized care.
- After evaluation, **coordinate appropriate healthcare referrals**

SOMATIC
HEALTH

MENTAL
HEALTH

SOCIAL
NEEDS

Team work



Medical problems for children

- Global check up
- Specialist and treatment
- Medical documents

Mental health

- Family global health
- Psy for children
- Psy for adults

Unstable legal situation

- Medical documents for SEM
- Associations
- Lowyer

School

- Timetable adapted to the needs (of the child and the school)
- L'Unité Migration Accueil (UMA)

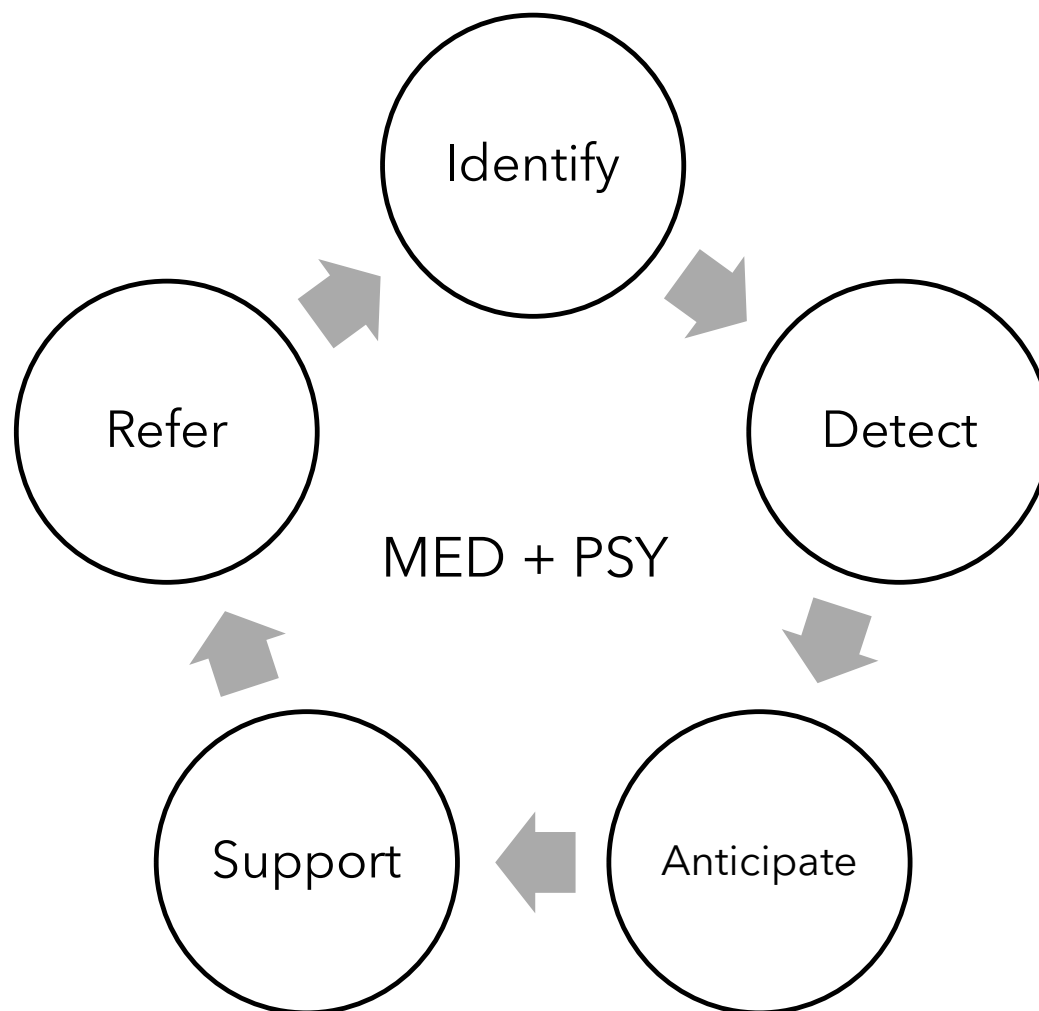
Security

- Child protection services
- Volunteers
- Social workers

Orientation in health care

- General paediatrician
- Home Nurses (0-4 ys)





EXAMPLE OF THE COLLABORATION BETWEEN SOMATIC AND MENTAL HEALTH TEAMS

Close collaboration between physical and mental health care teams

- Case discussion (once a week)
 - Co-consultation
 - Mental health short term follow up
 - Referral within the existing health care system
- Migration-related trauma
 - Forced return
 - Perinatal issues
 - Adolescent difficulties
 - Family conflicts
 - Neurodevelopmental disorders

A representative case situation

02/24

Arrival in Lausanne
First evaluation

First medical assesment in Lausanne with pediatrician

Mother with 3 children (Yusra 13yo, Soraya 11yo and Hamid 9yo)

- From Afghanistan with mulitple pre-migration traumas
- Separation with the father and oldest brother (16yo)
- Flight of the country in 2022
- Migration route lasting more than a year, with a journey through Croatia
- Arrival in Switzerland in 2023 at a Federal Center
- Assigned to Canton of Vaud, under the care of EVAM
- Dublin Case
- Maternal grandparents, uncles, and aunts reside in Bern

A representative case situation

First medical assesment in Lausanne with pediatrician

02/24

Arrival in Lausanne
First evaluation

SOMATIC HEALTH

Yusra + Soraya

- Sleep disorder, poor appetite

Hamid

- Atypical febrile seizure with treatment
- Behavioural issues (withdrawn vs hetero-aggressiveness)

MENTAL HEALTH

All Children

- Signifiant PTSD

SOCIAL NEEDS

All children

- Dublin situation to Croatia

Hamid

- Delayed school entry

Neurologist

Mental health evaluation,
pending in april 2024

Collaboration with social
worker and the school

Post migration evolution



Forced return to Croatia

- Police intervention in the shelter (30 police officers)
- In Croatia: no support provided, family leaving on the street
- Return to Switzerland, on foot and by train
- Return to the same shelter
- Unstable legal situation - at «Emergency Assistance»
- Support from association

Post migration evolution



Co-consultation with pediatrician and psychiatrist with all family

- PTSD for all family members highly traumatized
- Insecurity
- Regular follow-up in a family setting
- Medical Certificate

For Hamid:

- Difficult school start with behavioural issues
- Confirmed epilepsy diagnosis with recurrent crisis

Post migration evolution - Other key points



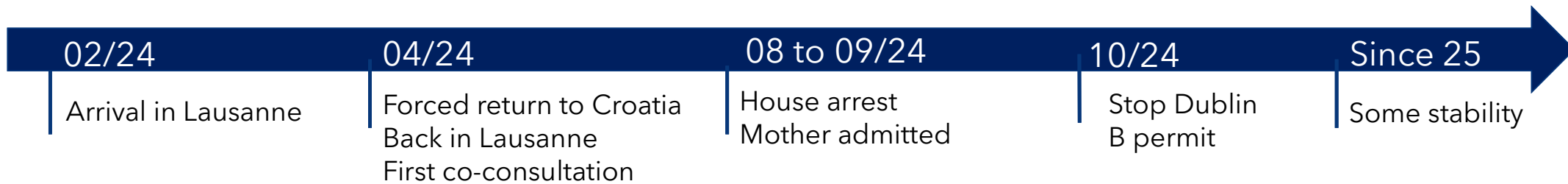
Mother admitted to psychiatric care

- House arrest as a triggering factor
- Children living in the shelter with the help of a volunteer and the family from Bern
 - spending a lot of time alone
 - anxious about their mother and the situation
- Child protection services were informed but did not intervene, as a temporary solution had been found

For Hamid:

- Excluded from school - spending even more time at the shelter
- Delay in epilepsy follow up due to lack of organisation without the mother

Post migration evolution - Other key points



October 2024 - end of the Dublin threat and obtaining a B resident permit

- Mother is more stable
- All the family start to breath again

For Hamid:

- Appears more relaxed and smiling
- New school
- Individual psychiatric follow up

Since the beginning of 2025

- Difficulty to find a "normal" daily life, slowly rediscovering some pleasure (cooking, outings)
- Family reunification plan for the eldest brother, remained in Afghanistan
- Found a private apartment

Psychological issues

Exemplary, frequent situation

- Accumulation of pre-, peri- and post-migration risk factors
- We do not have much impact on the pre- and peri-migration elements
- We can «only» offer a safe and restorative environment and psychological care

But post-migration factors can be improved

- Early access to the social and health system
- Early psychological assessment of the entire family
- Consideration in care of family, social and environmental conditions

How can we move away from a feeling of struggle and work better together?

Back to the clinical situation

Early co-intervention pediatrician and psychiatrist for children and adolescents



Global
assessment
of the all family

Assessment of the family and each of its members

1) Mother:

"I can't take it anymore, I feel like stopping everything, dying; only my children keep me going"

- PTSD and major depression symptoms = **complex trauma (ICD-11)**
 - Accumulated traumatic experiences (domestic violence, war, forced return...)
 - Affective dysregulation
 - Feelings of shame, guilt, and failure
 - Difficulties forming relationships and being close to others - including parenting role!!
- TTT: safety, support focusing on strengths and resources, multidisciplinary follow-up
 - For her, the first "remedy" would be to reduce the sources of stress, in this case, the threat of forced return

Assessment of the family and each of its members

2) Yusra, 13 years old:

- Flashbacks, sleep disturbances, palpitations, marked inhibition
- After forced return : hypervigilance, severe anxiety, massive sleep disturbances, ruminations, concentration difficulties, discouragement, loss of vital drive
- Facing an environment that is too new / unfamiliar seems impossible
- Impossible also for her to distance herself from her family, her only refuge

→ differential diagnosis : complex trauma, major depression, inhibition + social withdrawal

Assessment of the family and each of its members

3) Soraya, 11 years old:

- "A ray of sunshine," "sociable"...
- Good development, progress in French, many friends at school
- Over time, with growing uncertainty and family distress: withdrawal, sadness, loss of vital drive
- After the forced return: hypervigilance, sleep disturbances with nightmares, anxiety, ruminations, concentration difficulties, terrified by the police

→ excellent personal resources yet victim of the violence of events and of
the social determinants of mental illness

Assessment of the family and each of its members

4) Hamid, 9 years old

- A turbulent, "traumatic" life since early childhood → impact on development
- Epilepsy
- Sleep disturbances, nightmares, separation anxiety, behavioral disorders
- On examination: marked withdrawal, anxiety, limited play, but clear underlying potential
- Memory difficulties = a possible way of "erasing" traumatic memories?
- Questions about his father and brother...

→ The most symptomatic child, with major behavioral difficulties at school -

→ The one who expresses fear, frustration, and anger on behalf of everyone else???

Summary and follow up steps

Mother and three children have complex PTSD

- Related to traumas experienced pre- and peri-migration
- Aggravated by post-migration events (forced return, unstable legal situation, mother's hospitalisation)

Even if the children “manage to cope” and attend school willingly, all three remain symptomatic

As long as this insecurity continues and their environment does not stabilize

- difficult for them to experience a “normal” life
- potentially serious consequences for their development.

Urgent needs :

- Safe environment
- Appropriate follow-up: family support, specialized care for the boy
- Supportive and stable network of professionals

Principles of global health follow-up

Intervention on the environment: “lowering the flames” = multidisciplinary challenges

- Multidisciplinary work (shelter, social worker, school, lawyer, pediatrician, child psychiatrist)
- Medical certificate + intervention with the cantonal doctor and population office
 - Certify formal contraindication, harmful impact on health, of forced return
- Psychological follow up with family and individual
- Support strength, resource and community support (volunteers, alternative school,...)

BUT ATTENTION TO:

- Hypothesis: the son expresses the suffering contained by other family members (and the teams?)
- Resilience: !!! Risk of being a trap, we are expecting the person to “hold on”

Evolution and questions raised?

- Two years later: Dublin rule lifted >> B residence permit for family
- 2.5 years later: moved from a single room to own apartment
→ Relief for the whole family, who feels they get their life back again

Questions raised?

- What are the health impacts of 2.5 years of uncertainty and upheavals in Switzerland?
- When their first needs were to be welcomed in a protective environment?

Can this situation be improved?

For a Global Health Approach

An integrative transversal public health service

Such complex cases require a system tailored to the needs:

- Global, family oriented and migrant friendly health approach
- Competencies in trauma and transcultural fields
- Easy access to specialised resources if needed
- Close collaboration among the different partners
- Strong links with the associative network
- Solid public-health-coordinated care network

Ensuring equity requires advocacy to increase awareness of migrants' specific needs
As physicians, we have the **responsibility** to document the needs of refugee families

PRELIMINARY OBSERVATION

Primary observation

- A global pediatric health assessment is currently provided to **all asylum-seeking children (0-15 years)** upon their arrival in the Canton of Vaud
- **Attendance 85%**
- Children with mental health needs are **evaluated together with mental health professionals with expertise in migration family-oriented approach**

Primary observation

- Easier access to healthcare
- Fewer missed appointments
- Previous problems identification
- Better communication and coordination between the partners
- Facilitation to school integration

Primary observation

- Fewer visits to the emergency care
 - Fewer hospitalizations
 - Reduction of the waiting time for a psychiatric consultation
 - Positive impact on public health
-
- Expertise of the teams
 - Support for the teams in complex situations, less turnover

What's next?

- Consolidation of the model
- Development of case management for complex situations
- Leveraging our expertise to drive the training and development of our network partners
- Participation in the development of health policies by communicating our field-based findings
- Adapting the model to other complexes situations

Conclusion

- Forced migrant children require special medical attention
- The needs of the children should be considered along with those of their family
- Integrative approaches allow for a better integration of “Soma et Psyche” and promote effective collaboration among professionals
- Developing specific pathway decreases barrier to health care and promotes health equity



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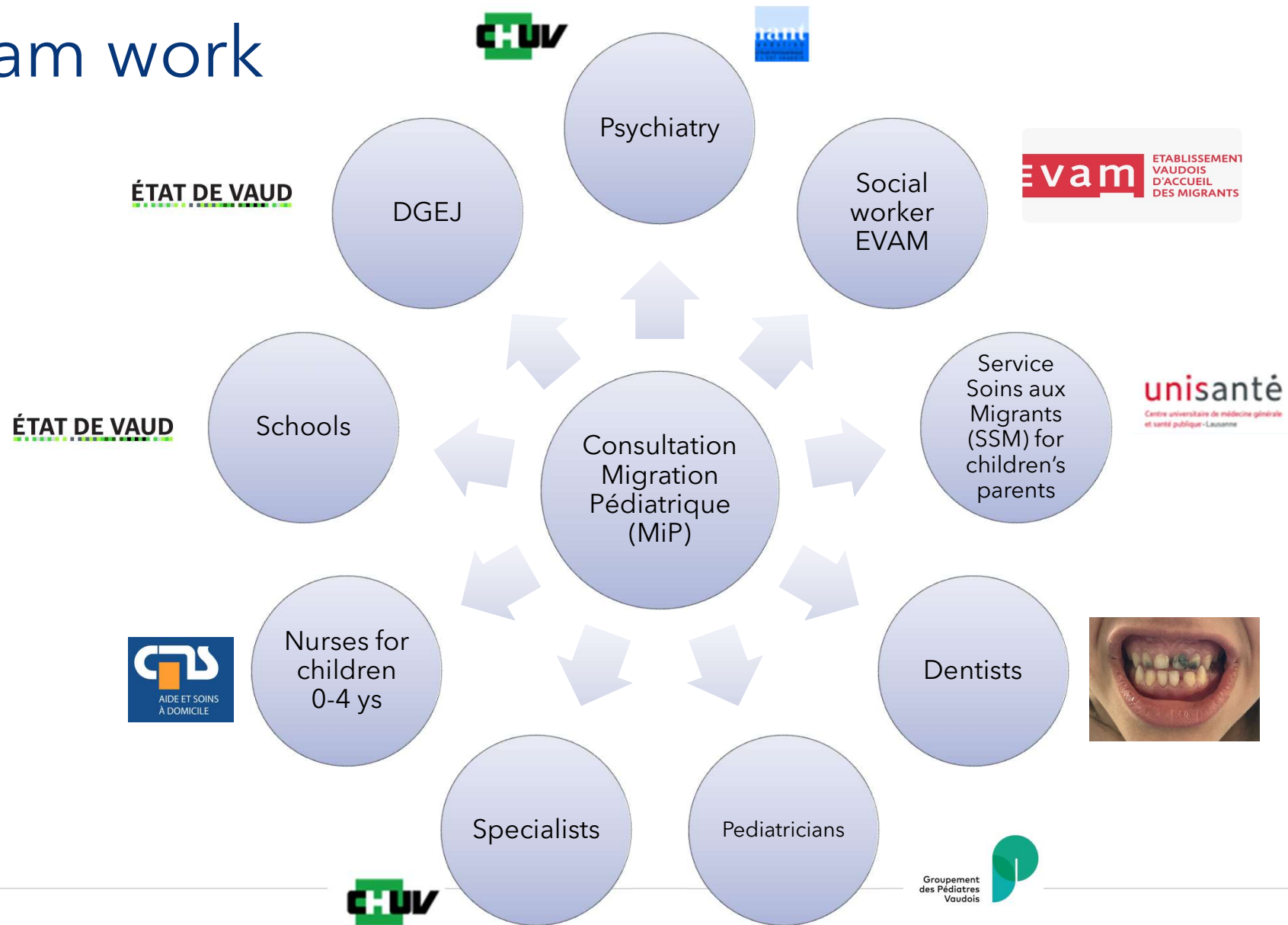
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Team work



A representative case study

Pre-migration situation

- From Afghanistan - city of Herat (taliban regime)
- Family with two parents and four children
 - Ahmed 16 years old
 - Yusra 13 years old
 - Soraya 11 years old
 - Hamid 9 years old
- Domestic violence perpetrated by the father
- Exposure to extreme community violence

The Flight

- Marriage proposal to Yusra by a Taliban
- Father imprisoned as an opponent
- Family flees a week later, without the eldest brother



Migration journey

- More than one year, transit through several countries
- Traumatic journey through Croatia
 - violence against the mother
 - four nights in prison
- Arrival in Switzerland in 2023 at a Federal Center
- Assigned to Canton of Vaud, under the care of EVAM
- Dublin Case
- Maternal grandparents, uncles, and aunts reside in Bern

